

Dan Bernal
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Vice President

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Commissioner

Susan Belinda Christian, J.D.
Commissioner

Cecilia Chung
Commissioner

Suzanne Giraud ED.D
Commissioner

Tessie M. Guillermo
Commissioner

**HEALTH COMMISSION
CITY AND COUNTY OF SAN
FRANCISCO**

**London N. Breed Mayor
Department of Public Health**



Grant Colfax, MD
Director of Health

Mark Morewitz, M.S.W.
Executive Secretary

TEL (415) 554-2666

FAX (415) 554-2665

Web Site: <http://www.sfdph.org>

MINUTES

HEALTH COMMISSION MEETING

Tuesday May 16, 2023 4:00 p.m.

101 Grove Street, Room 300

San Francisco, CA 94102 & via Webex

1) CALL TO ORDER

Present: Commissioner Dan Bernal President
Commissioner Laurie Green, MD, Vice President
Commissioner Edward A. Chow M.D.
Commissioner Susan Belinda Christian, J.D.
Commissioner Suzanne Giraud, Ph.D
Commissioner Tessie Guillermo

Excused: Commissioner Cecilia Chung

The meeting was called to order at 4:03pm.

2) LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER (LHH) CLOSURE PLAN AND CMS RECERTIFICATION UPDATE

Baljeet Sangha, Laguna Honda Hospital CMS Recertification Co-Incident Commander, and San Francisco Network Chief Operating Officer and Deputy Director, presented the item.

Public Comment:

Patrick Monette Shaw made verbal comments and submitted the following summary:

Slide 5 presented today claimed the first two "90-Day Monitoring Surveys" showed "much progress." Without seeing CDPH's third Form 2567 from the Health Survey component of the "extended" second "90-Day Monitoring Survey," we have no real proof what progress has been made and what additional citations in March had involved. LHH should demand CDPH provide the third Form 2567, since the "ten-day window" to provide it after completion of the survey is now three to four weeks overdue. CAHHR is also concerned about the delayed third form. Sangha appears to have potentially lied to you: The "No Actual Harm" citation he just reported became an "Immediate Jeopardy." Resumption of evictions on 5/19/2023 is worrisome; they shouldn't restart. Superior Court lawsuit CGC-23-606373 filed on 5/13/2023 alleges wrongful death of three LHH patients following evictions in June and July 2022 under LHH's initial "Closure Plan." Multiple other wrongful death lawsuits are pending.

Dr. Teresa Palmer made verbal comments and submitted the following summary:

As of now, there is no evidence of new progress in the past week in: delaying evictions and closure or hiring key people (Certified Nursing Home Administrator, Director of Nursing.) This is disappointing, but the interests of these most vulnerable residents must be put over any arbitrary administrative deadline for evictions (May 19 as of this writing), It is unethical, a violation of rights, and a form of abandonment & abuse to evict residents to less safe, lower quality or distant facilities. Laguna Honda management and the City Attorney must support direct care staff and residents by refusing to collude with unsafe discharges, or discharges that violate a resident's preference for local facility or setting. EVICTION=ABUSE—staff, residents, families and community must stand together. No federal or state agency has a right to demand evictions that kill.

Art Persyko, Gray Panthers, submitted the following written public comment:

The transfers of LHH residents that occurred previously must not resume to avoid a repetition of the transfer trauma and potentially more deaths on top of the twelve people at LHH who already suffered that fate. Unfortunately the additional trauma of uncertainty felt by current residents who are awaiting a decision by CMS on the possible LHH closure and resumption of transfers is occurring now and is an unnecessarily cruel and stressful injury to LHH residents. What is being done by LHH, the SF Health Department, and any other SF or California government body or elected officials to prevent both types of trauma? Will LHH doctors and other care givers act in the best interest of their patients or will they act otherwise in fear for their jobs? To prevent death and violation of resident rights, does CMS/CDPH admit there's a need for an extension of the May 19 eviction date?

Norm Dagelman, Gray Panthers, stated that he feels eviction of LHH residents would be certain death for them.

Commissioner Comments:

Commissioner Bernal noted that 12 residents who were previously transferred to other CMS facilities died. There is 72 hours until the date in which LHH will be required by CMS to restart mandatory transfers of residents. He asked for more information regarding the current impact of this looming deadline on LHH residents, their families, and LHH staff. Mr. Sangha stated that for LHH residents, families, staff, and all stakeholders, the situation is extremely anxiety-producing and stressful. LHH leadership continues to share improvements made, including the 500 milestones, impacting resident care and their quality of life. LHH leadership and staff are striving to hold appropriate supportive space for all the residents and their families in regard to their feelings related to this situation. Commissioner Bernal noted that the 500 milestones completed were certified by the QIE.

Commissioner Guillermo acknowledged the hard work that went into the completion of the 500 milestones. She is glad to hear of the progress on hiring of LHH leadership positions. She asked for an estimate of time before it is expected that the new hires could start work. Mr. Sangha stated that these positions are a priority for DPH Human Resources leadership. The goal is it have the Nursing Home Administrator start as soon as possible to begin building relationships with the residents, their families, community, and LHH staff.

Commissioner Christian asked if LHH has been able to communicate the stress experienced by LHH residents and their families to CMS. Mr. Sangha stated that LHH leadership has been candidly sharing the stress and anxiety of the LHH residents, families, community, and staff. Commissioner Christian stated that she hopes that CMS understands the damage this stress and anxiety can have on LHH residents and that will communicate with LHH about their decision regarding the request to extend the pause of mandatory discharges, at the earliest possible moment.

Commissioner Chow stated that it is unfortunate that the state and federal agencies are not recognizing the impact of this stress on LHH residents and families; their primary concern should be about the health and wellbeing of the patients.

Commissioner Chow asked how LHH is communicating with residents and their families regarding the changes made through completion of the milestones. Mr. Sangha stated that similar information shared with the staff around improvements made, are also being shared with LHH residents and their families. This includes celebrations and milestone completion updates. He added that the LHH Patient Care Experience team works with residents to tailor messages in way they can best be understood. LHH leadership also utilizes the LHH Resident Council to communicate these improvements The Ombudsperson's Office is also a connector between residents and LHH leaders/staff.

Commissioner Chow asked for an update on the assessment process for those LHH residents who no longer need skilled nursing services. Mr. Sangha stated that a core team of DPH, Dept of Homelessness and Supportive Housing, Human Services Agency, and Community Living Fund, meet weekly to discuss placement options for these individuals; placements have not yet been identified for anyone in this group. He added that LHH discharge planners meet with individuals in this group to determine placement preferences and assess needs, then pass this information along to the core team.

Commissioner Green thanked the LHH leadership and staff who have worked so hard to achieve the 500 milestones. She stated that transfer trauma was identified by CDPH in its report regarding the deaths of the 12 previous LHH residents. She noted that here is a disconnect between this knowledge and the delay in CMS's decision regarding restarting these mandatory discharges and transfers. Mr. Sangha stated that LHH residents are the biggest supporters of LHH and he does not think CMS or CDPH has engaged residents or their families regarding the impact of the recertification process.

Commissioner Bernal summarized the progress made by LHH. He noted that LHH has achieved its required 500 milestones required by the Settlement Agreement, put into place all actions related to responses to survey results, and has made great progress on hiring key leadership positions.

3) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MAY 2, 2023

Public Comment:

Patrick Monette Shaw made verbal comments and submitted the following summary:

These minutes are defective, because they don't include Pickens' verbatim statement on May 2 that he was hoping to receive the third Health Survey component CDPH Form 2567 from the "90-Day Monitoring Survey" in March "hopefully today," or if not by the end of next week within the 10-day window." SFDPH has only provided to date as public records the first two Form 2567's, one for the Fire Life Safety component of the March 90-Day Survey inspection, and a second Form 2567 for the Emergency Preparedness Program (EPP) component of that inspection. It's been over three weeks since that extended Health Survey component was completed. It should have been released in that legally-required 10-day window. I was told yesterday by SFDPH's NextRequest staff they have no record of it. Where's that Form, since the third "90-Day Monitoring Survey" could start in the next 14 days before the end of May?

Action Taken: The Health Commission unanimously approved the May 2, 2023 meeting minutes.

4) GENERAL PUBLIC COMMENT

Public Comment:

Patrick Monette Shaw made verbal comments and submitted the following summary:

LHH's 2019 patient sexual abuse scandal resulted in multiple lawsuits against the City, SFPDPH, and LHH. My earlier estimate about the case you heard in closed session involves a \$3.2 million settlement was overstated by one million, but other pending lawsuits will add \$1 million back in. Those 2019 Public Guardian abuse lawsuits aren't over and will likely grow to \$8 million, not including the CAO's time and expenses. Add in three to five pending lawsuits involving wrongful deaths of LHH's patients in 2022 discharged under LHH's initial "Closure Plan." These millions in lawsuits were due entirely to the Health Commission allowing mismanagement of LHH since the 2004 "Flow Project" as the "original sin" allowed by this Commission. D-7 Supervisor Melgar told the Gray Panthers on May 16 the Board of Supervisors plan to explore greater LHH oversight. This Commission has done a lousy oversight job as LHH's Governing Body!

5) DIRECTOR'S REPORT

Grant Colfax MD, DPH, Director of Health, presented the item. Dr. Colfax noted that Anna Robert, Director of the San Francisco Health Network Primary Care, will be leaving the DPH to take over the leadership of the Mission Neighborhood Health Center. Dr. Hali Hammer, Director of the San Francisco Health Network Ambulatory Care, stated that Dr. Robert had made significant contributions to Primary Care during her tenure, and noted that during the pandemic, Dr. Robert spent significant amount of time working; Dr. Hammer acknowledged that this impacted her family, who was in attendance. Dr. Robert expressed gratitude for her DPH colleagues for working with her to make impactful improvements in primary care services.

SAN FRANCISCO ENCOURAGES MPOX VACCINATIONS IN ADVANCE OF THE SUMMER SEASON AND PRIDE CELEBRATIONS

DPH is encouraging all those who want protection from mpox (formerly known as Monkeypox) to receive both doses of the mpox vaccine to prevent a rise in cases this summer.

Last year, DPH and the community came together to stop the spread of mpox, and over 50,000 doses of the vaccine have been administered in San Francisco. As the summer months and celebrations surrounding Pride approach, now is the ideal time for people to ensure they are protected.

While anyone who wants protection from mpox infection may seek a vaccine, DPH strongly recommends and encourages 2-dose vaccination for all people living with HIV, anyone taking or eligible to take HIV PrEP, and all men, trans people, and nonbinary people who have sex with men, trans people, or nonbinary people. These groups are likely to be among those most affected if mpox cases were to increase again in San Francisco.

Individuals can receive their second dose of the mpox vaccine if it has been at least 28 days since their first dose. It takes two doses to be fully vaccinated against mpox, and there is no need to restart the two-dose series if it has been over 28 days since the first dose.

Building from last year's successful, community-based vaccination efforts, DPH, in partnership with Folsom Street Events and the Leather and LGBTQ Cultural District, will be offering first and second doses of the mpox vaccine at SOMA Second Saturday events in May and June. The first event is on Saturday, May 13.

Mpox Vaccination Events

Event: SOMA Second Saturdays

Location: 12th Street between Folsom and Harrison Streets

Dates: Saturday, May 13 and Saturday, June 10

Time: 12:00 pm to 5:00 pm

If you received your first dose on May 13, you will be eligible for your second dose by the Saturday, June 10 event and will receive maximum immunity before Pride. We will keep the community informed when more

events are confirmed in the future. Since no vaccine is 100 percent effective, it is important for individuals to reduce their risk of potential exposures to mpox both before and after being vaccinated.

The mpox vaccine remains available across San Francisco. Health systems, community clinics such as the San Francisco AIDS Foundation's Strut clinic, and DPH-affiliated sites, including our SF City Clinic, continue to offer vaccines, tests and other mpox resources. For more information about the vaccine and where to get one, please click [here](#).

STI Prevention

In addition to the mpox vaccine, there are more steps people can take to help ensure optimal sexual health. It is important for sexually active people to get tested for Sexually Transmitted Infections (STI's) such as gonorrhea and syphilis, and to know their HIV status. There are also preventative drugs available such as HIV PrEP and a newer prevention tool for certain bacterial sexually transmitted diseases: doxy-PEP.

Doxy-PEP is an antibiotic that when taken after sex reduces your chance of acquiring syphilis, gonorrhea, and chlamydia by about two-thirds. In San Francisco, doxy-PEP is recommended for cis men and trans women who have had a bacterial STI in the past year and have reported condomless anal or oral sexual contact with at least one cis male or trans female partner in the past year. DPH is proud to be the first in the nation to issue guidance on doxy-PEP.

For information on STI testing, HIV PrEP and doxy-PEP, please visit DPH's SF City Clinic [website](#).

NURSES WEEK AT DPH

DPH celebrated National Nurses Week from May 6 through May 12. The theme this year was *You Make a Difference* and our more than 1,600 nurses at DPH make a big difference in the lives of San Franciscans every day. To celebrate, Laguna Honda's nursing team hosted food trucks and distributed healthy snacks, appreciation cards, and tote bags. Nurses also received a video message of appreciation from Laguna Honda leaders and there were banners displayed throughout the hospital to express gratitude. Zuckerberg San Francisco General Hospital celebrated Nurses Week with deep appreciation and gratitude for the amazing work that ZSFG nurses do every day. They celebrated with festivities that included the delivery of special treats to all of the units and an Awards Ceremony at Carr Auditorium on May 11 honoring staff. Please join me in congratulating the 29 nursing recipients at ZSFG Daisy Awards, Being Extraordinary Everyday (BEE) Award, and O'Connell Society Award. These awards recognize exceptional caring, integrity, connections, quality, professionalism. commitment to patient care and clinical expertise.

In addition to our hospitals, we celebrate all of our nurses who are providing care at neighborhood clinics, respite programs, supportive housing sites, in shelters and navigation centers, in-home care, through our population health clinics, in our county jails and in schools, day cares and community centers all over the city. On behalf of DPH, I want to thank our nurses for their exceptional service and for being on the frontlines of healthcare every day.

MUNICIPAL HAZARDOUS WASTE PROGRAM PARTNERSHIP WITH PAINTCARE

The Environmental Health Branch has a program called the Municipal Hazardous Waste Program. This program is primarily tasked with the proper disposal of the hazardous waste generated by city departments. They also respond to the removal and disposal of hazardous waste abandoned on city sidewalks or public areas. There are typically three (3) Senior Inspectors assigned to this program who have been trained to properly analyze and profile abandoned waste so that it can be properly disposed of at a licensed facility.

A large percentage of the hazardous waste illegally abandoned in San Francisco is paint and paint related waste. California's paint stewardship law requires the paint manufacturing industry to develop a financially sustainable and environmentally responsible program to manage postconsumer paint. In response to this law, paint manufacturers established PaintCare, a nonprofit organization that recycles paint. PaintCare is funded by a fee everyone pays when they purchase paint. For instance, a one (1) gallon container of paint has a California fee of \$.65. The Municipal Hazardous Waste Program formed a partnership with California's PaintCare recycling program in 2017.

Since that time, we have recycled about 170,000 lbs. of paint and saved the city about \$165,000 in disposal fees. Sr. Inspector Humberto Quinonez was recently invited to speak at the 3rd Annual Statewide Conference on Illegal Dumping held in Oakland. This conference was an opportunity to inform other local jurisdictions about our partnership with PaintCare and our on-going efforts to both prevent illegal dumping in San Francisco and to dispose of street waste in a way that is environmentally responsible.

COVID-19 UPDATE

As of 5/3:

- San Francisco's 7-day rolling average of new COVID cases per day is 33 and 43 people are hospitalized, including 5 in the ICU.
- Eighty-six percent of all SF residents have been vaccinated and 65% have received booster dose(s). Forty percent of residents have received a bivalent booster.

[DPH in the News](#)

Public Comment:

Patrick Monette Shaw made verbal comments and submitted the following summary:

It's disappointing Director Colfax's "Director's Report" didn't mention the LHH Nursing Home Administrator and the two Assistant Nursing Home Administrator positions. Before the positions are hired and on-boarded, LHH should provide the Health Commission with an updated organization chart showing the reporting structure, since the NHA will also become LHH's CEO. Make it a Health Commission priority to publish a new organization chart quickly. LHH's current organization chart last November showed the NHA few layers down from LHH's CEO. It's clear there's been a change in planning of how LHH's organization will be restructured. Ideally, the Nursing Home Administrator should report directly to the Director of Public Health, Dr. Colfax, **not** report to the CEO of the San Francisco Health Network (SFHN). SFHN had initially been stood up to oversee the 13 neighborhood primary care health clinics, not to manage Laguna Honda. This is another of this Commission's major mistakes!

Commissioner Comments:

Commissioner Christian asked for information regarding the current surveillance process to determine COVID-19 case data. Director Colfax stated that that data from testing sites are not considered valid because of the percentage of home testing used. Hospital case data is used as a more accurate barometer.

Commissioner Guillermo congratulated Dr. Robert for her new leadership position and thanked her for 11 years of impactful contributions at the DPH. She noted the importance of community health center, where patients can participate in linguistically and culturally appropriate services.

Commissioner Green noted that although in the community it is often difficult to find a primary care provider due to the trend of providers retiring from this type of service. However, she added that the DPH primary care providers are stable and provide high quality services to a complex patient population. She visited Mission Neighborhood Health Center recently and was impressed by the high-quality women's health services.

Commissioner Giraudo thanked Dr. Robert for her dedication and service at the DPH and noted that she is well aware of the high-quality adolescent services provided at Mission Neighborhood Health Center.

Commissioner Chow expressed gratitude to Dr. Robert for helping to evolve DPH primary care services. He noted that in the past, DPH primary care services were not consistent across all the clinics; Dr. Robert helped create a high-quality standard throughout all the DPH Health Centers and clinics.

Commissioner Bernal requested information regarding MPX vaccinations both for those who are already vaccinated and those who have not yet been vaccinated. Dr. Colfax stated that Dr. Philip will provide this information at the next Health Commission meeting.

6) HEALTH COMMISSION PUBLIC COMMENT PROCEDURES

Nicole Bohn, Director, San Francisco Mayor's Office on Disability introduced the item. She explained that the new procedures were developed in partnership with the Mayor's Office of Disability, the City Attorney's Office, and Office of the City Administrator. She noted that many people with disabilities are comfortable asking for accommodation, or first access, and the new procedures enable this group to be prioritized in order; she acknowledged that not all people with disabilities want to publicly disclose their status and she encouraged these folks to attempt to get in line for remote public comment for those who did not receive accommodation early so they do not have to wait.

Public Comment:

Patrick Monette Shaw made verbal comments and submitted the following summary:

Ms. Bohn from the Mayor's Office on Disability noted that many people who have disabilities do not like to have to publicly disclose their disability status in order to gain reasonable accommodation to participate in public meetings remotely. She also acknowledged that the Public Comments guidelines developed by the City Administrator's Office in conjunction with the Mayor's Office on Disability and the City Attorney's are optional guidelines and merely voluntary recommendations each Board and Commission can pick and choose from, and tailor to your wishes. SFDPH should drop its three-tiered public comment period, and drop the 20-minute time restriction for the third category of people who wish to participate but not as a disabled person having a reasonable accommodations. This Commission's has the power to revise your public comment periods. SFDPH and this Commission should take a leadership role and drop your discriminatory remote comment policies. Revise them now!

Dr. Teresa Palmer made verbal comments and submitted the following summary:

Current rules for remote comment to the Health Commission are anti-democratic, burdensome and disrespectful to the public. Forcing a person to ask permission ahead of time for remote comment serves to discourage testimony from all people. Furthermore, physical access to Health Commission meetings and related facilities such as toilets remains very sketchy, with frequent malfunction of the elevator and locked bathrooms with poor signage. In essence, the Health Commission is communicating to the public that people with disabilities must go to extra effort to testify remotely, but that they will find themselves exhausted, uncomfortable and perhaps trapped in an elevator if they come in person. Furthermore, this signals that according to the Health Commission it is just fine to disrespect the efforts of the public. Please demonstrate to the public that this is not true.

Commissioner Comments:

Commissioner Giraudo thanked Ms. Bohn for her comments and explanation regarding rationale for the recommended public comment guidelines.

Commissioner Chow thanked Ms. Bohn for providing context for the new public comment procedures and noted that some members of the public do not like the new system. Ms. Bohn stated that some in the

disability community appreciate having priority on the remote line. She feels it is important not to discuss this as a tier or hierarchy, it is just something we do.

Commissioner Chow noted that the new public comment guidelines were developed with the City Attorney, Office of the City Administrator, and the Mayor's Office on Disability. He asked if the term, "First Access," should be used instead of "Accommodation for Disability." He also asked if there was concern that the callers may abuse First Access. Ms. Bohn stated that there is always a fear that some callers may misuse the First Access option. She noted that generally, people with disabilities will request first access or other accommodations. If people request First Access, it should be granted.

Commissioner Chow asked for more information regarding the rationale for the 20-minute limit on remote public comment from individuals who have not received an accommodation. Ms. Bohn stated that it was a general recommendation made because it was assumed that not every Commission would want to have unlimited remote public comment.

Commissioner Bernal thanked Ms. Bohn for her comments and noted that this is an iterative process.

7) DPH 3RD QUARTER FINANCIAL REPORT

Jen Louie, DPH CFO, presented the item.

Public Comment:

Patrick Monette Shaw made verbal comments and submitted the following summary:

I am concerned that purposeful so-called "salary savings" may be contributing to short staffing at LHH leading to and exacerbating staff burnout, and affecting the level of, and quality of, patient care. This Commission should closely look into whether LHH is deliberately engaging in "salary savings" that may be contributing to your overall 12% vacancy rate. When it is time to renew the Health Management Associates (HMA) contract set to expire on 6/30/23 to assist LHH's CMS recertification efforts, I urge this Commission **not** to renew that contract, since we haven't heard anything from HMA since it's initial cursory preliminary report in May 2022. We've heard nothing from them publicly in the past 12 months, and they have not presented at all to either the Health Commission or the Board of Supervisors. Nobody knows what services HMA is providing toward recertification, if anything. HSAG appears to be doing it all.

Commissioner Comments:

Commissioner Chow asked for clarification of whether the \$6.9 figure on slide 3 indicates a surplus or deficit. Ms. Louie stated that the figure should indicate a deficit.

Commissioner Guillermo asked for more information regarding the behavioral health realignment funds, noting that it seems the DPH Behavioral Health budget is in a deficit and rely on the realignment to balance the budget. She is concerned that if the state formula for these state realignment funds change, it would be a problem for the DPH BHS budget. Ms. Louie stated that the DPH receives projections of the realignment budget throughout the year so they are able to realistically predict what these funds will be. She added that the DPH submitted an adjustment on this budget issue in February which should address the BHS deficit issue Commissioner Guillermo mentioned.

Commissioner Green noted that Medicaid will end its special COVID-19 benefits, which will mean disenrollment of some San Franciscans; she asked how the DPH can best plan for this situation. Ms. Louie stated that the state will coverage of those who received special COVID-19 related emergency coverage; at the same time, new enrollment programs are slowly being phased in by the state. Although it is difficult to predict, she thinks the Medi-Cal coverage for Californians should somewhat even out. She also noted that Healthy San Francisco is an option for those San Franciscans who are not eligible for Medi-Cal.

Commissioner Bernal noted that there remain many vacancies in many departments and asked the impact of these vacancies on existing DPH staff. Ms. Louie stated that she works closely with the Human Resources Department; many staff are being hired but there is also staff attrition. Commissioner Bernal noted that surplus in Human Resources is only because of the current level of staff vacancies, not because of new efficiencies.

Commissioner Christian thanked Ms. Louie and the budget team for the clear presentation of a complex budget.

8) FY21-22 DPH ANNUAL REPORT.

Michele Ko, DPH Office of Policy and Planning, presented the item.

Commissioner Comments:

Commissioner Giraud thanked Ms. Ko for incorporating the committee’s feedback. She hopes that future reports will also include the number of people served in highlighted programs.

Commissioner Christian stated that the report is easy to understand but pointed out that the organization chart is difficult to read on regular paper.

Commissioner Green stated that including the number of people served conveys the amount of work each program does throughout the year. Reading the report makes her feel proud.

Commissioner Guillermo thanked Ms. Ko and the team for the report and noted that the DPH has a wide spectrum of integrated services not common for a county health department.

Commissioner Chow thanked the staff for accepting input. He noted that each year the report becomes more useful. He suggested that the legends of graphs could be made larger for easier reading.

Commissioner Bernal appreciates the highlights contained in the report, which shows the incredible work of the department, and noted it is important these programs get recognition

9) CONSENT CALENDAR

Action Taken: The Health Commission unanimously approved the following LHH policy items:

<u>Item</u>	<u>Scope</u>	<u>Policy No.</u>	<u>Policy Title</u>
1	Facility-wide	20-02	Hospice Care Assessment and Transfer/Discharge Process
2	Facility-wide	22-07_A01	Restraint Free Environment
3	Facility-wide	22-10	Management of Resident Aggression
4	Facility-wide	22-11	Resident Freedom from Abuse on Social Media
5	Facility-wide	22-12	Clinical/Safety Search Protocol
6	Facility-wide	24-06	Resident /Patient and Visitor Complaints/Grievances
7	Facility-wide	24-16	Code Blue
8	Facility-wide	50-02	Resident Trust Account
9	Facility-wide	72-01	C23 Pneumococcal Immunization
10	Facility-wide	75-10	75-10 Appendix H: Visitors Screening Processing
11	Outpatient Clinic	A4	Clinic Appointment Scheduling for Community Clients
12	Outpatient Clinic	C6	Steam Sterilization

13	EVS	X	Equipment, Supplies and Chemicals
14	EVS	XVII	Transport, Delivery Time for Biohazard, Trash and Linen
15	FNS	1.1	Food from Home or Outside Sources Served Directly to Residents
16	Nursing	K 1.0	Assessment and Management of Pressure Injury
17	Nursing	K 3.0	Wound Irrigation and Cleaning
18	Nursing	K 10.0	Prevention and Management of Skin Tears

10) JOINT CONFERENCE COMMITTEE AND OTHER COMMITTEE REPORT

Commissioner Edward Chow, LHH JCC Member, stated that at the May 9, 2023 LHH JCC meeting, the committee heard a similar recertification update that was presented at the meeting today. The committee also reviewed, discussed, and recommended that the full Health Commission approve all items on the Consent Calendar. The committee also discussed the Regulatory Affairs Report and Human Resources Report. In closed session, the committee approved the Credentials Report and PIPS minutes report.

Public Comment:

Patrick Monette Shaw made verbal comments and submitted the following summary:

Commissioner Chow’s report for the 5/9/2023 LHH-JCC meeting update was disappointing **not** hearing that although President Bernal went to great lengths to elicit a statement from Mr. Pickens on 5/9 that LHH must be re-certified before applying for a waiver to retain the 120-beds at LHH, the full Commission’s 5/2/2-23 meeting minutes indicate Mr. Pickens had clearly stated LHH has only received “verbal interactions” that recertification must be LHH’s number one priority. The minutes clearly state that “CMS indicated verbally that a request for a waiver would not be received well before recertification is achieved.” The key words were only “indicated verbally.” So, there is apparently nothing in writing preventing LHH applying for that waiver. In addition, on 5/9/2023 Pickens informed the Board of Supervisors CMS/CDPH are open to the waiver request, but want recertification accomplished first. Since they’re “open” to submitting the waiver request, you should do so now!

11) OTHER BUSINESS:

This item was not discussed.

12) CLOSED SESSION

- A) Public comments on all matters pertaining to the Closed Session. (San Francisco Administrative Code Section 67.15).
- B) Vote on whether to hold a Closed Session in relation to item 13.D below.

Action Taken: The Health Commission unanimously voted to hold a closed session.

- C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5, 1157.6, and 1157.7; Health and Safety Code Section 1461; San Francisco Administrative Code Sections 67.5, 67.8, 67.8-1, and 67.10; and California Constitution, Article I, Section 1.

**LAGUNA HONDA HOSPITAL AND REHABILITATION
CENTER QUALITY UPDATE REGARDING RECENT
REGULATORY SURVEY ACTIVITY**

13) ADJOURNMENT

The meeting was adjourned at 7:20pm.